. Under the Paperwork R	018290(eduction Act of 1999; no pan	eB	U.o. rates and Trade	proved for use through	17/31/2009. OMB 08514032	
Under the Paperwork Reduction And of 1999, no persone are required to respond to a collection of information units of the PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875				tion unless it displays Application	for use through 7/31/2006. CMB CS (4/32) Miles; U.S. DEPARTMENT OF COMMERCE ileas it deplays a valid OMB control number. Application or Docket Number	
C	LAIMS AS FILED - P/		SMALL ENTI		OTHER THAN	
FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA		TY OR	SMALL ENTITY	
(37 CFR 1.18(a)).			RATE	EE	RATE FEE	
(37 CFR 1.16(c))	minus 20 =		 	OR.		
(37 OFR 1.16(b))	minus 3 =			OR X	5	
MULTIPLE TO NOENT CL		1.16(d))	X\$=	OR X	1	
	(3. 5. 1.		J [+1	OR +	=	
	1 to less than zero, enter or		TOTAL	OR	OTAL	
12/13/00	S AS AMENDED - PAI	RTIL				
	A4440	dumn 2) (Column 3)	SMALL ENTITY	. OR	OTHER THAN	
EV/C REM	AINING NUI	HEST WHER PRESENT HOUSLY EXTRA	RATE ADD		SMALL ENTITY	
Total Total	7 Minus	OUSLY I EXTRA .	TION	u f R	ATE ADDI-	
Z Independent	Minus	7 ==	x.25	-	FEE .	
W FIRST PRESEN	4		x : 100 =	OR X E		
· · · · · · · · · · · · · · · · · · ·	VLIA'LE DEPENDENT CLAIR	4 (37 CFR 1.16(d))	+0	OR +		
	·.		TOTAL ADD'L FEE	OR ADD'L	ere e	
CORUM	IMS HIGH	imn 2) (Column 3)			ree Line	
S O AFT	ER PREVIO	BER PRESENT PUSLY EXTRA	RATE ADDI-	· · RAT	E 150	
O CPR 1.16(e)	MENT PAID I	OR	TIONAL FEE		E ADDI- TIONAL FEE	
Independent (W of a 1.160)	1 Minus	1	X \$ =	OR XS_		
FIRST PRESENTATION OF A	NULTIPLE DEPENDENT CLAIM	(27 CER 1 10/41)	X:	OR Xs		
. ·			TOTAL	OR +1	3	
· (Cotumn	1) (Colum	n 2)	ADD'L FEE	OR ADDLE	E	
O . CLAIM REMAIN	ING HIGHES	37		7		
Z AFTE AMENDM	T PREVIOUS	SLY EXTRA	RATE ADDI- TIONAL	- RATE	ADDI	
	Mhus **	=	T FEE	-	TIONAL FEE :	
Z Independent (37 O'ra 1,140)	Minus	2	X 1 =		•	
FIRST PRESENTATION OF MA	LTIPLE DEPENDENT CLAIM (37 CFR.(.10(d))		OR X 3		
•			TOTAL	OR + 1		
If the entry in column 1 is les if the "Highest Number Previo "If the 'Highest Number Previo	s than the entry in column 2, ously Pabl For IN THIS SPA	write "O" in column 3;	ADDI FEE	OR ADD'L FEE		
"I the Highest Humber Previous cosedien of Information is reco	ously Pald For IN THIS SPA	CE is less than 3, onler	er '20'. '3'. winber found in the appropriate	•	1	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the retrievable of the process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete diagnostic of the complete application form to the USPTO. Time will vary depending upon the included case. Any comments on the amount of time your require to complete this form and/or suggestions for reducing this burden, should be sent to the Class fluctuation Officer. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS